



Land Use and Long Range Planning 5800 Shier-Rings Road Dublin, Ohio 43016-123

Phone/ TDD: 614-410-4600 Fax: 614-410-4742 Web Site: www.dublin.oh.u

PLANNING AND ZONING COMMISSION APPLICATION

(Code Section 153.232)

		I. PLEASE C	HECK THE TYPE OF APPLICATION:		
TY OF DUBLIN.	☐ Informal Review	Final P	lat on 152.085)		
Land Use and Long Range Planning 5800 Shier-Rings Road Jublin, Ohio 43016-1236	Concept Plan (Section 153.056(A)(1))	***************************************	ional Use on 153.236)		
one/ TDD: 614-410-4600 Fax: 614-410-4747 Site: www.dublin.oh.us	Preliminary Development Plan / R (Section 153.053)		or Development District (CDD) on 153.115)		
	Final Development Plan (Section 153.053(E))	-	or Development District (CDD) Sign on 153.115)		
	Amended Final Development Plan (Section 153.053(E))	1 Minor	Subdivision		
	Standard District Rezoning (Section 153.018)	Right-	of-Way Encroachment		
	Preliminary Plat (Section 152.015)	Other ((Please Specify):		
	Please utilize the applicable Sup additional submittal requirement		n Requirements sheet for accompany this application form.		
II. PROPERTY INFOR	RMATION: This section must be complete	ed.			
Property Address(es): 6	720 Riverside Drive, Dublin Ohio 43017				
Tax ID/Parcel Number(s): 273-008834 273-008998 273-008867 273-008994			Parcel Size(s) (Acres): 1.583		
Existing Land Use/Development: Existing shopping center (Vacant Land)					
	IF APPLICABLE. PLEASE CO	OMPLETE THE FOLLOW	VING:		
Proposed Land Use/Dev	elopment: Proposed Mixed-Use Develop				
		1440			
Total acres affected by a	pplication: 5.241	4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
III. CURRENT PROPE	ERTY OWNER(S): Please attach addition	nal sheets if needed.			
Name (Individual or Orga	anization): BPACQ LLC, 4351 Dale Dr Ac	quisition LLC			
Mailing Address: (Street, City, State, Zip C	555 Metro Place N STE 600 Dublin, Ohio 43017				
Daytime Telephone: 614	1-335-2020	Fax:	Market A. C.		
Email or Alternate Contact Information: nyoder@crawfordhoying.com					

IV. APPLICANT(S): This is the person(s) who is submitting the application if different than the property owner(s) listed in part III.

lease complete if applicable.				
Name: Nelson Yoder		Applicant is also property ow	vner: yes \(\text{no} \(\text{ no} \)	
Organization (Owner, Developer, Contractor, etc.): Crawford Hoyin	ng Developn	nent Partners		
Mailing Address: 555 Metro Place North Suite 600, I (Street, City, State, Zip Code)	Dublin, Ohio	43017		
ytime Telephone: 614-335-2020 Fax:				
Email or Alternate Contact Information: nyoder@crawfordhoying.	.com			
7. REPRESENTATIVE(S) OF APPLICANT / PROPERTY in behalf of the applicant listed in part IV or property owner listed in			bmitting the application	
Name: Brian Quackenbush, PE				
Organization (Owner, Developer, Contractor, etc.): EMH&T	****			
Mailing Address: 5500 New Albany Road, Columbus (Street, City, State, Zip Code)	, Ohio 4305	4		
Daytime Telephone: 614-775-4500 Fax:				
Email or Alternate Contact Information: bquackenbush@emht.co	om			
/I. AUTHORIZATION FOR OWNER'S APPLICANT or REphis section must be completed and notarized.	EPRES EN 1	TATIVE(S): If the applicant is	not the property owner,	
Nelson Yoder		the c	owner, hereby authorize	
Brian Quackenbush representative(s) in all matters pertaining to the processing and a to be bound by all representations and agreements made by the de				
Signature of Current Property Owner:			Date: 7/28/15	
Check this box if the Authorization or Owner's Applicant or	Representat	ive(s) is attached as a separate	document	
Subscribed and sworn before me this day of	Luly	, 20 15 ARIAL S		
State of Ohio			Dawn R. Russell Notary Public, State of Ohio	
County of Jamilia Notary Public	3	My	Commission Expires 08-25- 20	
/II. AUTHORIZATION TO VISIT THE PROPERTY: Site vis application. The Owner/Applicant, as noted below, hereby authorize property described in this application.				
Nelson Yoder		the numer or authoris	ed representative, hereby	
authorize City representatives to visit, photograph and post a notice	ce on the pro			
Signature of applicant or authorized representative:	Vá-		Date: 7/28/15	
Pag	e 2 of 3		RECEIVED	

JUL 30 2015 15-069 FP VIII. UTILITY DISCLAIMER: The Owner/Applicant acknowledges the approval of this request for review by the Dublin Planning and Zoning Commission and/or Dublin City Council does not constitute a guarantee or binding commitment that the City of Dublin will be able to provide essential services such as water and sewer facilities when needed by said Owner/Applicant.

cknowledge that approval o	of this request, does not constitut	te a guarantee or binding commitme	wner or authorized representative, nt that the City of Dublin will be able to
		when needed by said Owner/Applic	
		4	
Signature of applicant or aut	therized corresentative:		Date: -/ /-
ignature of applicant of aut	monized representative.	4 John	Date: 7/28/15
	1		
C. APPLICANT'S AFFID	AVIT: This section must be con	npleted and notarized.	
Nelson Yoder		the own	er or authorized representative, have
ead and understand the co	ontents of this application. The	e information contained in this ap	er or authorized representative, have plication, attached exhibits and other
nformation submitted is cor	nplete and in all respects true an	d correct, to the best of my knowled	ge and belief.
	OYT		
Signature of applicant or aut	thorized representative:	t Jorle	Date: 7/28/15
1 104	20	C C Committee	A. A. C.
Subscribed and sworn to be	fore me this 28 day	of, 20	David D. Britanski
			Dawn R. Russell
State of I TVI D			* Alatani Dublia State of Ohio
State of CONTO			Notary Public, State of Ohio
Sounty of Franklin	Notary Public _	DEL	Notary Public, State of Ohio My Commission Expires 08-25-
County of Franklin	Notary Public	DE COMMENTE	
County of Franklin	Notary Public		
county of Frankli	Notary Public	250 Continues	
County of Franklin	Notary Public		
State of Ohio County of For OFFICE USE ONL			
FOR OFFICE USE ONL	_Y	30 min	
		P&Z Date(s):	My Commission Expires 08-25-
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FOR OFFICE USE ONL Amount Received: 3490 PM Receipt No: 11210	Application No: Map Zone:	P&Z Date(s):	My Commission Expires 08-25-
FOR OFFICE USE ONL	Application No: Map Zone:	P&Z Date(s): Date Received:	My Commission Expires 08-25-

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Requested Zoning District:

Type of Request:

N, S, E, W (Circle) Side of:

Existing Zoning District:

N, S, E, W (Circle) Side of Nearest Intersection:

Distance from Nearest Intersection:



Letter of Transmittal

To: Joanne Shelly City of Dublin Planning 5800 Shier Rings Road Dublin, Ohio 43016		Α.	From: Date: Job no.: Subject:	James Peltier 7/30/2015 2013-1481 Bridge Park Block B Final Site Plan, Final Development Plan		
We c	ire se	nding you he	rewith via:	Courie	r 🗀 U.	.S. Mail Fed. Ex.
The	follow	ving items:		□ copies	▼ 01	riginals [other]
Col	pies	Date	Number of sheets	Description		
;	8			Bridge Park	Block B Fi	nal Plat — Full Size
1	8			Bridge Park	Block B Fi	nal Plat — Half Size
1	В			Bridge Park Block B FSP & FDP — Half Size Binders		
			s checked belo		auested	for review & comment
					•	Tor review & comment
		ecution / signa	rures	[othe	erj	
Remo Pleas		me know if yo	ou have any qu	estions at 61	4-775-436	63.

For EMH&T:

James Peltier LE COPY

If enclosures are not as noted, kindly notify us at once.

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